

# **QUALIFIED MENTAL HEALTH PROFESSIONAL (QMHP)**

## **GUIDE FOR**

## **INVOLUNTARY PSYCHIATRIC**

## **EVALUATIONS AND HOSPITALIZATION**

**INCLUDES:**  
**DEFINITIONS**  
**CRITERIA**  
**PROCESS**  
**FORMS**  
**DOCUMENTATION**  
**ASSESSMENTS**  
**RESOURCES**

**VERMONT DEPARTMENT OF HEALTH  
DIVISION OF MENTAL HEALTH  
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## INTRODUCTION

The purpose of this manual is to provide mental health practitioners with a guide to procedures for involuntary psychiatric evaluations in the State of Vermont. The protection of the civil rights of all persons is a priority in this process. The Vermont legislature has authorized a system in which involuntary psychiatric evaluations and treatment require timely judicial review to ensure that every effort is made toward the preservation of personal freedoms and rights under the law.

## ABBREVIATIONS AND SYMBOLS

AIT	Application for Involuntary Treatment
CAM	Confusion Assessment Method
CRT	Community Rehabilitation and Treatment
CVMC	Central Vermont Medical Center
DA	Designated Agency
DCF	Department of Children and Families
DD	Developmental Disability (aka Mental Retardation)
DMH	Division of Mental Health
DOC	Department of Corrections
EE	Emergency Examination
ETA	Estimated Time of Arrival
FAHC	Fletcher Allen Health Care
IPE	Independent Psychiatric Examination
LRA	Least Restrictive Alternative
MD	Medical Doctor
MMSE	Mini-Mental State Examination
ONH	Order of Non-Hospitalization
PPV	Pre-placement Visit
QMHP	Qualified Mental Health Professional
SV	Short Visit
V.S.A.	Vermont Statutes Annotated
VSH	Vermont State Hospital
§	Section
§§	Sections

## DEFINITIONS

### **Mental Illness**

*Title 18 V.S.A., Section 7101*

“A substantial disorder of thought, mood, perception, orientation, or memory, any of which grossly impairs judgment, behavior, capacity to recognize reality, or ability to meet the ordinary demands of life, but shall not include mental retardation.”

### **A Person in Need of Treatment**

*Title 18 V.S.A., Section 7101*

“A person in need of treatment” means a person who is suffering from mental illness and, as a result of that mental illness, his capacity to exercise self-control, judgment, or discretion in the conduct of his affairs and social relations is so lessened that he poses a danger of harm to self or others;

(A) A danger of harm to others may be shown by establishing that:

- i) he has inflicted or attempted to inflict bodily harm on another; or
- ii) by his threats or actions he has placed others in reasonable fear of physical harm to themselves; or
- iii) by his actions or inactions, he has presented a danger to persons in his care.

(B) A danger of harm to himself may be shown by establishing that:

- i) he has threatened or attempted suicide or serious bodily harm; or
- ii) he has behaved in such a manner as to indicate that he is unable, without supervision and assistance of others, to satisfy his need for nourishment, personal or medical care, shelter, or self-protection and safety, so that it is probable that death, substantial physical bodily injury, serious mental deterioration or serious physical debilitation or disease will ensue unless adequate treatment is afforded.”

### **A Patient in Need of Further Treatment**

*Title 18 V.S.A., Section 7101*

(A) “A person in need of treatment, or

(B) A patient who is receiving adequate treatment, and who, if such treatment is discontinued, presents a substantial probability that in the near future his condition will deteriorate and he will become a person in need of treatment.”

### **Interested Party**

*Title 18 V.S.A., Section 7101 (9)*

\* “Interested party” means a guardian, spouse, parent, adult child, close adult relative, a responsible adult friend or person who has the individual in his charge or care. It also means a mental health professional, a law enforcement officer, a licensed physician, (Caution: The same physician cannot

be both applicant and certifying physician), a head of a hospital, a selectman, a town service officer or a town health officer.”

*\*Interested party: Contractual agreement between the Division of Mental Health and the Designated Hospitals requires all involuntary psychiatric admissions be screened by a Commissioner-Designated Qualified Mental Health Professional (QMHP).*

## **Substance Abuse**

*Title 33 V.S.A., Chapter 7, Section 702 (9) **Incapacitated.***

“Incapacitated means that a person, as a result of his or her use of alcohol or other drugs, is in a state of intoxication, or mental confusion resulting from withdrawal, such that the person:

- A. appears to need medical care or supervision by approved substance abuse treatment personnel, as defined in this section, to assure his or her safety; or
- B. appears to present a direct active or passive threat to the safety of others.”

*Title 33 V.S.A., Chapter 7, Section 702 (10) **Intoxicated.***

“Intoxicated means a condition in which the mental or physical functioning of an individual is substantially impaired as a result of the presence of alcohol or other drugs in his or her system.”

## **CONDITIONS OF RELEASE AND DISCHARGE TERMINOLOGY:**

### **Elopement Status**

Elopement applies when an individual in lawful custody at VSH, a designated hospital, or a designated community program, leaves without permission. A law enforcement officer or hospital or program staff may arrest the individual who eloped, and return him or her to the original hospital or program (18 V.S.A. § 7105). There is no authority to take a non-hospitalized patient to a hospital without a warrant or Emergency Examination (EE).

### **Short Visit or Pre-placement Visit (“SV” or “PPV”)**

The head of the hospital may allow a hospitalized patient to visit the community for a specified period up to 30 days. The individual is still a hospital patient, and upon the direction of the head of the hospital, the individual may be immediately returned to the hospital (18 V.S.A. § 8006).

### **Conditional Discharge**

The head of the hospital may conditionally discharge a patient from the hospital subject to certain terms and conditions. The conditional discharge may be for six months renewable for one additional six-month period. The head of the hospital may revoke a conditional discharge, and have the individual immediately returned to the hospital, if the patient violates a condition and is a “person in need of treatment” (18 V.S.A. §§-8007-8008). A conditional discharge may not be revoked where the individual is not imminently dangerous. G.T. v. Stone, 159 Vt. 607 (1992).

### **Order Non-hospitalization (“ONH”)**

Individuals committed by a court to the care and custody of the Commissioner of the Department of Health for community treatment are subject to an ONH. The individual is required to comply with terms and conditions of the order. If community treatment is no longer adequate because of non-compliance or other reasons, the treatment providers may request that the court revoke or modify the ONH. The revocation process can take a minimum of several weeks. Treatment providers should

use the EE or warrant process where immediate hospitalization is necessary. To initiate the revocation process, the treatment providers send a sworn affidavit detailing the non-compliance and/or inadequacy of community treatment, to the Vermont Department of Health-DMH Legal Division. The family court will schedule a hearing at which the treating psychiatrist and other relevant staff must testify to the necessity of hospitalization or modifying the ONH. The court will issue an order of hospitalization if there is no less restrictive alternative to providing adequate treatment (18 V.S.A. §§ 7618, 7621).

**VERMONT DEPARTMENT OF HEALTH  
DIVISION OF MENTAL HEALTH**

**COMMISSIONER-DESIGNATED  
QUALIFIED MENTAL HEALTH PROFESSIONAL (QMHP)**

**DEFINITION**

The definition of mental health professional from Title 18 of the Vermont Statutes Annotated, Section 7101(13):

"Mental health professional" means a person with professional training, experience and demonstrated competence in the treatment of mental illness, who shall be a physician, psychologist, social worker, mental health counselor, nurse or other **qualified person designated by the commissioner**.

By agreement with Vermont State Hospital (VSH) and designated general hospitals (DH), only QMHP's who are designated by the Vermont Department of Health (VDH) Commissioner or designee, and employed by a Designated Agency (DA), can screen and serve as the applicant for involuntary psychiatric admissions.

**QUALIFICATIONS**

**+ Education and Experience:**

**1. Master's degree in human services field (licensure preferred) and:**

- a. Clinical exposure to populations with major mental illness, **and**
- b. 1-2 years experience providing community services for people with at least 2 of the following: mental illness, substance abuse or serious emotional disorders, **and**
- c. Appropriate experience and training in crisis evaluation and intervention in a community setting, as determined by the DA Emergency Services Director or designee.

**or**

**2. Bachelor's degree in related human services field and:**

- a. Clinical exposure to populations with major mental illness, **and**
- b. 2-3 years experience providing community services for people with at least 2 of the following: mental illness, substance abuse or serious emotional disorders, **and**
- c. Appropriate experience and training in crisis evaluation and intervention in a community setting, as determined by the DA Emergency Services Director or designee.

**or**

**3. Bachelor's degree in a field unrelated to human services and:**

- a. Clinical exposure to populations with major mental illness, **and**
- b. 3-5 years experience providing community services for people with at least 2 of the following: mental illness, substance abuse or serious emotional disorders, **and**
- c. Appropriate experience and training in crisis evaluation and intervention in a community setting, as determined by the DA Emergency Services Director or designee.

**or**

- 4. If an applicant does not meet the qualifications but meets other criteria and has experience in providing crisis services in the community to severely mentally ill individuals, an application may be submitted for designation consideration. **The application should include information that explains the reason(s) for the exception.****

+ **Demonstrated Knowledge of and Training in:**

1. Vermont Mental Health Statutes
2. Emergency exam, warrant, non-emergency exam (process and documentation)
3. VSH emergency exam admission criteria and procedures
4. Conditional release, Order of Non-hospitalization, Preplacement Visit
5. QMHP-specific training
6. Familiarity with community resources (i.e., crisis beds, respite options, general hospitals, or other options for voluntary treatment)
7. Screenings for involuntary treatment (observation preferred)
8. Special needs and services of populations being served
9. Forensic screening at court

**DOCUMENTATION AND PROCESS FOR DESIGNATION**

**Step One:**

The DA will submit a completed and signed Application for Designation as a Qualified Mental Health Professional form to:

VT Department of Health  
Division of Mental Health  
Acute Care Program Chief  
108 Cherry Street, P.O. Box 70  
Burlington, VT 05402-0070

The application must be accompanied by:

- A letter of endorsement authored and signed by the DA's Executive Director.
- A copy of the applicant's resume (include current work experience with the DA that is related to the QMHP designation criteria)
- The QMHP Certification Form signed by the applicant (the DA is responsible for ensuring that the relevant statutes and procedures are made available to the applicant).
- If the applicant is not an employee of the requesting DA, a copy of a contract describing the relationship and responsibilities of the applicant to the DA must be submitted. In addition, evidence must be provided that the individual will be available to the DMH legal division and to appear in court as needed. If a QMHP is a hospital employee, there must be an independent review conducted by a DA QMHP prior to completing an application for emergency exam for admission to that hospital.

**Step Two:**

DMH Acute Care Team and DMH Medical Director will review the application form and supporting documentation.

- If additional information is needed, a request will be sent to the DA Emergency Services Director or designee.
- If a request is denied, the applicant and DA Emergency Services Director will be notified in writing. This will include the reason(s) for denial and the criteria the applicant must meet to be re-considered for QMHP designation.



**Step Three:**

DMH sends copies of the designation as a QMHP, signed by the VDH Commissioner or designee, to the applicant and the DA Emergency Services Director.

**PROCESS FOR RE-DESIGNATION**

Commissioner designated QMHPs must participate in QMHP-specific training provided by DMH every two years in order to retain this designation. These trainings are available from DMH upon request by a DA. Additional training activities will be developed and available by the end of FY 2007.

A list will be provided to DA Emergency Services Directors/Coordinators at least annually with the QMHP designation expiration dates for staff at each DA. Those QMHPs who are designated on or before July 1, 2006 will need to have documentation of QMHP-specific training by 2 years from that date (July 1, 2008). Those who receive QMHP designation after July 1, 2006 will need to have documentation of QMHP-specific training by 2 years from the date of designation. A QMHP failing to meet the training requirements at the time of re-designation may not be re-designated.

**APPLICATION FOR DDMHS COMMISSIONER-DESIGNATED  
QUALIFIED MENTAL HEALTH PROFESSIONAL (QMHP)**

APPLICANT NAME \_\_\_\_\_

REQUESTING AGENCY \_\_\_\_\_

**THE FOLLOWING ITEMS MUST BE COMPLETED:**

1. Length of time applicant employed by agency: \_\_\_\_\_

2. Position title: \_\_\_\_\_

3. Position description (if not full time, number of hours applicant works each week):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Date began crisis intervention training: \_\_\_\_\_

5. Describe crisis experience, supervision and time spent: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Number of Emergency Examinations observed: \_\_\_\_\_

7. Number of Emergency Examination applications reviewed: \_\_\_\_\_

8. Identify training provided to verify applicant's knowledge of community resources:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. If applicant does not meet guidelines, please provide rationale for exemption:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

10. Additional information/comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **ATTACHMENTS**

- A) Statement of endorsement authored and signed by the agency's Executive Director
- B) Current copy of applicant's resume
- C) Signed certification form
- D) Copy of employee contract (if applicable)

CLINICAL SUPERVISOR \_\_\_\_\_ DATE \_\_\_\_\_

Signature

EMERGENCY SERVICES  
DIRECTOR/COORDINATOR \_\_\_\_\_ DATE \_\_\_\_\_

Signature

**VERMONT DEPARTMENT OF HEALTH  
DIVISION OF MENTAL HEALTH**

**QUALIFIED MENTAL HEALTH PROFESSIONAL  
CERTIFICATION FORM**

This is to certify that I, \_\_\_\_\_, an  
employee of \_\_\_\_\_,  
have read the 'QMHP Guide for Involuntary Psychiatric Evaluations and  
Hospitalizations' and related statutes, and am familiar with state law and procedures for  
screening admissions to mental health facilities in the State of Vermont. By signing  
below, I also acknowledge my understanding that one of the responsibilities of a  
Qualified Mental Health Professional will include testifying in court, and I agree to  
appear in court when requested by the Department of Health, Division of Mental Health.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## SECTION 1: EMERGENCY EXAMINATION

*(Title 18 V.S.A. § 7508)*

**Criteria** (**All** conditions must be met):

1. Presence of mental illness as defined by Vermont Statute (developmental disability is **NOT** the primary diagnosis).
2. Danger to self or others.
3. Absence of less restrictive alternatives.

**Process:**

- A Commissioner-Designated Qualified Mental Health Professional (QMHP) or *interested party* (18 V.S.A. § 7101), and psychiatrist determine through face-to-face evaluation that the individual meets all above criteria and is deemed under the statute to be a *person in need of treatment* (18 V.S.A. § 7101).
- A Commissioner-Designated QMHP or “interested party” \* and psychiatrist complete the ***Application for Emergency Examination***.  
\**“Interested party”*: For the purpose of an emergency exam, contractual agreement between the Division of Mental Health and the Designated Hospitals requires all involuntary psychiatric admissions be screened by a Commissioner-Designated QMHP.
- Vermont State Hospital (VSH) admissions office is contacted by the QMHP for consultation and notification.
- A designated hospital is identified by the QMHP and the admission referral completed.
- Transportation is arranged by the QMHP.
- VSH is contacted to advise of final disposition and, if VSH is the end destination, estimated time of arrival.
- If the person is from a catchment area other than the applicant’s, VSH is further advised of the name of the screener consulted from the catchment area in which the person is currently receiving psychiatric treatment or currently resides.

**In all instances**, in the event a person is from another catchment area, the QMHP is mandated to contact the Designated Agency (DA) covering that catchment area for case consultation, exploration of available less restrictive alternatives, and notification that an application for Emergency Examination is being made. Failure to make this contact will result in the admission being attributed to the applicant’s DA census should the person be sent to VSH.

**Documentation** for An Emergency Examination (EE) serves several functions:

- The law requires it.
- It provides the foundation for the case.
- It identifies potential witnesses.

The QMHP completes Form MH-11 and MH-11A, the *Application For Emergency Examination*:

In the narrative section, the QMHP supplies relevant historical information leading to the individual’s current presentation, and provides current clinical justification that the individual meets the criteria of the statutory definition of a *person in need of treatment*. Information is obtained from either direct observation or reliably reported from an identified source.

The Psychiatrist completes the following applications:

Form MH-11B	Physician's Certificate Emergency Exam
Form MH-11C	Section I of the Physician's Certificate
Form MH-11D & E	Section II of the Physician's Certificate Emergency Examination

Applications should include the psychiatrist's signature, printed name, and the time and date that the application is being made.

**Documentation Distribution** for an Emergency Examination:

- Applicant faxes copy of EE paperwork to VSH admissions office.
- Original EE paperwork accompanies individual to the hospital.
- Copy of EE paperwork is retained for DA records.

**Documentation Guidelines:**

1. Be specific
2. Use quotes
3. Cite sources (specify names of witnesses)
4. Describe direct observations and provide supporting observations (an example: "*Mr X appeared psychotic as evidenced by...*")
5. Write legibly and sign form
6. Use sequential narration and include:
  - Brief demographic information (age, gender, race) and current treatment provider(s)  
(Note whether individual is connected with a community mental health center)
  - History of mental illness (diagnosis, recent hospitalizations)
  - Referral source requesting psychiatric screening and rationale (cite name, use quotes)
  - Cite location and time of interview
  - Clinical presentation at the time of the interview (mental status exam, risk assessment, substance abuse, medical complications)
  - Relevant psychosocial history
  - Assessment
  - Less restrictive options considered and why ruled out
  - Recommendation and justification for recommendation
  - Disposition (ties to EE criteria being met in absence of less restrictive alternatives and final plan)

**APPLICATION FOR  
EMERGENCY EXAMINATION**

To the Family Court comes \_\_\_\_\_  
(Please print full name of applicant)

of \_\_\_\_\_  
(Please print complete address of applicant)

Telephone Number \_\_\_\_\_

Relationship to or interest in proposed patient\* \_\_\_\_\_

and makes application for the emergency examination of \_\_\_\_\_  
(Please print full name of proposed person in need of treatment)

of \_\_\_\_\_  
(Please print complete address of proposed person in need of treatment)

**\*NOTE:** Only the following persons may make application for an individual's emergency examination: a guardian, spouse, parent adult child, close adult relative, a responsible adult friend or person who has the individual in his or her charge or care (e.g. a superintendent of a correctional facility), a law enforcement officer, a licensed physician (**Caution:** same physician cannot be both applicant and certifying physician), a head of a hospital or his or her written designee, a selectman, a town health officer or a town service officer, or a mental health professional (i.e., a physician, psychologist, social worker, nurse or other qualified person designated by the Commissioner of the Department of Health).

**REASON FOR APPLICATION:** (State the facts which you have gathered either from your own personal observations or as reliably reported to you by another person which lead you to believe that the proposed patient is in need of emergency examination and which show that the person is a person in need of treatment.)

**BE SPECIFIC!**

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(CONTINUE ON REVERSE SIDE)

Signed under the penalties of perjury  
pursuant to 18 V.S.A. Section 7612(d)(2)

Signature of Applicant

This application **MUST** accompany the proposed patient when he/she is to be taken to the hospital for an emergency examination. **If the proposed patient refused to submit to an examination by a licensed physician, you cannot use this form!** If the patient refuses examination, the applicant should consider applying to a judge for a Warrant for Immediate Examination under 18 V.S.A. §7505.

Signature of Applicant



**PHYSICIAN'S CERTIFICATE**  
**EMERGENCY EXAM**

**NOTE TO PHYSICIAN:**

**If you are considering the proposed patient's admission to a 72 hour hold program:** To complete this form you must be a board certified or board eligible psychiatrist, a resident in psychiatry: **ONLY THESE PHYSICIANS MAY ADMIT PROPOSED PATIENTS TO THE 72 HOUR HOLD PROGRAM.**

**If you are considering the proposed patient's admission to Vermont State Hospital:** To complete this form you must be a board certified or board eligible psychiatrist, a resident in psychiatry, or a licensed physician designated by the Commissioner of the Department of Health as appropriate to complete Physician' Certificates. Complete Sections I and II.

**SECTION I**

I, the undersigned, hereby certify that I am a (please circle one) board certified psychiatrist / board eligible psychiatrist / resident in psychiatry/physician designated by the Commissioner of the Department of Health as qualified to complete Physician's Certificate. I further state that I am duly licensed to practice medicine in the State of Vermont and I have made careful examination of the mental condition of

\_\_\_\_\_ of \_\_\_\_\_  
(NAME) (ADDRESS)

in the County of \_\_\_\_\_, State of Vermont, and that I am of the opinion that **he/she** is a mentally ill person in need of treatment. The following information concerning the proposed patient and **his or her** family is submitted:

**DATE OF BIRTH:** \_\_\_\_\_ **PLACE OF BIRTH:** \_\_\_\_\_ **SEX:** \_\_\_\_\_

**MARITAL STATUS**--Single, Married, Domestic Partner, Divorced, Separated, Widowed, Unknown (Circle One)

**NAME AND ADDRESS OF SPOUSE/PARTNER, If any** \_\_\_\_\_

**Can the patient speak and understand English?** \_\_\_\_\_ **If not, what language?** \_\_\_\_\_

**NAME OF FATHER:** \_\_\_\_\_ **ADDRESS:** \_\_\_\_\_  
(If deceased, so state)

**MAIDEN NAME OF MOTHER:** \_\_\_\_\_ **ADDRESS:** \_\_\_\_\_  
(If deceased, so state)

**(CONTINUED ON REVERSE SIDE)**

**SECTION I**  
(Continued)

1. The following data (A-D) is not required but should be provided if appropriate and available.

(A) Alien Registration No: \_\_\_\_\_  
(C) Medicare No: \_\_\_\_\_

(B) V.A. Claim No: \_\_\_\_\_  
(D) Medicaid No: \_\_\_\_\_

2. How long have you known the patient? \_\_\_\_\_

3. Does the patient have any serious physical illness? \_\_\_\_\_ If so, describe \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Has the patient been physically injured in the recent past? \_\_\_\_\_ If so, when, how and to what extent \_\_\_\_\_

\_\_\_\_\_

5. List current medications and any drug sensitivities \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. Full name and address of guardian, if any, nearest relative or friend \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Relationship to/interest in patient \_\_\_\_\_

**SECTION II**  
**PHYSICIAN'S CERTIFICATE**  
**EMERGENCY EXAMINATION**

In my opinion this patient \_\_\_\_\_ is (A) not only mentally ill, but  
(NAME)

(B) poses a danger of harm to him/herself or others and (C) should immediately be admitted to a designated hospital for an emergency examination. I believe the patient meets all three of the above criteria and base this opinion on the facts outlined below. (**NOTE:** For each of these three criteria, it is required that the physician identify separately facts observed by him or her and those reliably reported to him or her by others. In each case the source must be identified.)

7. What facts have been observed by yourself and/or reliably reported to you which lead you to believe that the patient is mentally ill? What did the patient say? What did the patient do?

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Tentative Diagnosis \_\_\_\_\_

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8. What facts have been observed by yourself and/or reliably reported to you which lead you to believe that as a result of the mental illness the patient poses a danger of harm to him/herself or others? What did the patient say or do? To whom specifically and in what way is the patient a danger?

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**(CONTINUED ON REVERSE SIDE)**

9. It is the obligation of the certifying physician to consider available alternative forms of care and treatment for the person's needs, without requiring hospitalization. List all steps taken in exploring alternative forms of care and treatment. (NOTE: Discussing available alternatives with a representative of an authorized screening agency may assist the physician in complying with this requirement. Screeners can be contacted twenty-four hours a day. For a current listing of the designated screening agents, call the Admissions Office at the Vermont State Hospital, telephone number 802-241-3054)

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10. What medications or treatments were administered prior to transporting the patient to the hospital for an emergency examination?

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Time administered \_\_\_\_\_ AM \_\_\_\_\_ PM

11. Name of person in the hospital Admissions Office (802-241-3054) you have spoken to.

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Signed under the penalties of perjury  
pursuant to 18 V.S.A. Section 7612(e)(1)

\_\_\_\_\_  
Date of Examination

\_\_\_\_\_  
Signature of Physician

\_\_\_\_\_  
Time of Examination

\_\_\_\_\_  
Please Print or Type Physician's Name

\_\_\_\_\_  
Physician's Address

\_\_\_\_\_  
Physician's Telephone Number

**PHYSICIAN'S NOTE:** The Application Form and Sections I and II of the Physician's Certificate must accompany the patient to the hospital for an emergency examination. When these forms are completed, the patient may be transported to the hospital.

**I hereby waive any right I have to receive a copy of the notice of hearing from the Court pursuant to 18 V.S.A. §7613. I understand that despite this waiver I may be called to testify at a hearing involving the above named proposed patient.**

\_\_\_\_\_  
Signature

## **SECTION 2: WARRANT FOR IMMEDIATE EXAMINATION** **(Title 18 V.S.A., Section 7505)**

### **Criteria** (All conditions must be met):

1. Presence of mental illness (developmental disability is **NOT** the primary diagnosis).
2. Danger to self or others.
3. Absence of less restrictive alternatives.

### **Process:**

- + A Commissioner-Designated Qualified Mental Health Professional (QMHP) or *interested party* (18 V.S.A. § 7101) determines through face-to-face evaluation, that the individual meets all above criteria and is deemed by statute to be a *person in need of treatment* (18 V.S.A. § 7101).
- + Foundation of case is based on direct observation, or reliably reported observations of others, plus direct observation.
- + A psychiatrist is not available without serious or unreasonable delay.
- + Police may detain individual while application for warrant is being pursued.
- + Applicant seeks authorization for the warrant from a judge (either by phone or in person) without delay.
- + A QMHP (or interested party) completes the application for Warrant.
- + If the individual is not from the catchment area where he/she is being screened, the QMHP consults with the Designated Agency (DA) from which individual receives services or in whose catchment area the individual resides.
- + VSH admissions office is contacted for consultation and notification.
- + A designated hospital is identified and admission referral completed.
- + Once the judge's authorization for the warrant has been obtained, the person is transported by a law enforcement agent, or the QMHP, for the purpose of an emergency examination by a psychiatrist, which must occur without delay.

*Note regarding interested party: For the purpose of an emergency exam or warrant, contractual agreement between the Division of Mental Health and the Designated hospitals mandates all involuntary psychiatric admissions be screened by a Commissioner-Designated QMHP.*

### **Documentation** for Warrant for Immediate Examination serves several functions:

- The law requires it.
- It provides the foundation for the case.
- It identifies potential witnesses, and
- Once approved by a judge, it provides the authority for involuntary transportation for the purpose of an emergency examination by a psychiatrist.

### **The applicant:**

Ensures that Form No. MH-12, *Warrant for Immediate Examination* is completed and endorsed by a Judge.

Forms No. MH-12A and MH-12B, *Application for Warrant For Immediate Exam* are completed by QMHP or interested party.

**The psychiatrist** receiving the individual on a warrant completes the following:

Form No. MH-12C	Physician's Certificate For Patient Admitted On Warrant For Immediate Exam
Form No. MH-12D	Section I
Form No. MH-12E & F	Section II, Physician's Certificate For Patient Admitted On Warrant For Immediate Exam

**Documentation Distribution** for a Warrant for an Immediate Examination:

- ☐ Applicant faxes copy of warrant paperwork to VSH admissions office.
- ☐ Original warrant paperwork accompanies individual to the hospital.
- ☐ Copy of warrant paperwork is retained for DA records.

**Documentation Guidelines:**

1. Be specific
2. Use quotes
3. Cite sources (specify names of witnesses)
4. Describe direct observations and provide supporting observations (an example: "*Mr X appeared psychotic as evidenced by...*")
5. Write legibly and sign form
6. Use sequential narration and include:
  - Brief demographic information (age, gender, race) and current treatment provider(s)  
(Note whether individual is connected with a community mental health center)
  - History of mental illness (diagnosis, recent hospitalizations)
  - Referral source requesting psychiatric screening and rationale (cite name, use quotes)
  - Cite location and time of interview
  - Clinical presentation at the time of the interview (mental status exam, risk assessment, substance abuse, medical complications)
  - Relevant psychosocial history
  - Assessment
  - Less restrictive options considered and why ruled out
  - Recommendation and justification for recommendation
  - Disposition (ties to EE criteria being met in absence of less restrictive alternatives and final plan)

STATE OF VERMONT  
\_\_\_\_\_ COUNTY, SS.

In re: \_\_\_\_\_ )  
 \_\_\_\_\_ )  
 \_\_\_\_\_ )  
Proposed Patient )

An Application for Warrant for Immediate Examination  
 (18 V.S.A. § 7505)

# WARRANT FOR IMMEDIATE EXAMINATION

Upon consideration of the Application and Supporting Affidavit for Warrant for Immediate Examination of:  
 \_\_\_\_\_, filed by \_\_\_\_\_  
*(Name of Proposed Patient)* *(Name and title of Officer or Mental Health Professional)*

I find as follows:

1. Probable cause exists to believe that the proposed patient is a person in need of immediate examination in that personal observation of the proposed patient by the applicant, as set forth in the application and affidavit, furnishes reasonable grounds to believe that the proposed patient is a "person in need of treatment" as defined by 18 V.S.A. §7101(17) and, further, presents an immediate risk of injury to him, herself or others if not restrained.
2. Because of the emergency circumstances described in the application, it satisfactorily appears that a certification by a physician is not available without serious and unreasonable delay.

Accordingly, it is hereby ORDERED:

1. The proposed patient, \_\_\_\_\_, shall submit to an immediate examination  
(Name of Proposed Patient)  
at a designated hospital, to wit: (check one)  
☐ Fletcher Allen Health Care    ☐ Central Vermont Medical Center    ☐ Windham Center  
☐ Rutland Regional Medical Center    ☐ Vermont State Hospital    ☐ Retreat Healthcare
2. Any law enforcement officer or mental health professional may take the proposed patient into custody for the purpose of delivering him/her to said designated hospital.
3. Upon admission to the said designated hospital, the proposed patient immediately shall be examined by a licensed physician. If the physician certifies that the proposed patient is a "person in need of treatment", the proposed patient shall be held for an emergency examination in accordance with 18 V.S.A. §7508.
4. If the physician does not certify that the proposed patient is a "person in need of treatment", the physician shall immediately discharge the proposed patient and cause him/her to be returned to the place from which he/she was taken when or to such other place as the proposed patient reasonably directs.

Dated at \_\_\_\_\_, Vermont, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

District Judge/Superior Judge

\*\*\* A copy of the application and this warrant MUST accompany the proposed patient when he/she is taken to the designated hospital.

**APPLICATION FOR**  
**WARRANT FOR IMMEDIATE EXAM**

NOW COMES \_\_\_\_\_  
(Please print full name of applicant)

of \_\_\_\_\_  
(Please print complete address of applicant)

Telephone Number \_\_\_\_\_

Relationship to or interest in proposed patient\* \_\_\_\_\_

and makes application for the emergency examination of \_\_\_\_\_  
(Please print full name of proposed person in need of treatment)

of \_\_\_\_\_  
(Please print complete address of proposed person in need of treatment)

**\*NOTE:** Only the following persons may make application for an individual's emergency examination: a law enforcement officer (i.e., a sheriff, deputy sheriff, constable, municipal police officer, or state police), or a mental health professional (i.e., a physician, psychologist, social worker, nurse or other qualified person designated by the Commissioner of the Department of Health).

**REASON FOR APPLICATION:** (State the facts which you have gathered from your own or a reliable eyewitness informant's personal observations which lead you to believe that the proposed patient is in need treatment and presents an immediate risk of serious injury to him/herself or others if not restrained.) **BE SPECIFIC!**

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**ADDITIONAL REASONS FOR** (State additional facts, including any that may have been reliably reported to you by **EMEGENCY EXAMINATION** another person, which lead you to believe that the proposed patient is in need of an Emergency Examination.)

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(CONTINUED ON REVERSE SIDE)



**REASONS FOR UNAVAIL-  
ABILITY OF PHYSICIANS  
CERTIFICATE:**

(Describe the emergency circumstances which lead you to believe that a certification by a physician is not available without serious and unreasonable delay.)

[illegible]

(If additional space is required, please continue on a separate sheet of paper)

Signed under the penalties of perjury  
pursuant to 18 V.S.A. Section 7612(d)(2)

Date of Application

Signature of Applicant

**NOTE:**

The law enforcement officer or mental health professional who makes this application may take the proposed patient into temporary custody while applying to the court without delay for the warrant. If the judge is satisfied that a physician's certificate is not available without serious and unreasonable delay and that probable cause exists to believe that the proposed patient is in need of immediate examination, he/she may order the proposed patient to submit to immediate examination at a designated hospital.\*\* A copy of this application and the warrant MUST accompany the proposed patient when he/she is taken to the designated hospital.

**\*\*Designated hospital means a hospital or other facility designated by the Commissioner of the Department of Health as adequate to provide appropriate care for the mentally ill patient. The Vermont State Hospital in Waterbury is a designated hospital. For a current list of designated hospitals, call the admission office at Vermont State Hospital (telephone 802-241-3054).**

**PHYSICIAN'S CERTIFICATE**  
**FOR PATIENT ADMITTED ON WARRANT FOR IMMEDIATE EXAM**

NOTE TO PHYSICIAN:

**If you are considering the proposed patient's admission to a 72 hour hold program:** To complete this form you must be a board certified or board eligible psychiatrist, a resident in psychiatry: **ONLY THESE PHYSICIANS MAY ADMIT PROPOSED PATIENTS TO THE 72 HOUR HOLD PROGRAM.**

**If you are considering the proposed patient's admission to Vermont State Hospital:** To complete this form you must be a board certified or board eligible psychiatrist, a resident in psychiatry, or a licensed physician designated by the Commissioner of the Department of Health as appropriate to complete Physician Certificates. Complete Sections I and II.

**SECTION I**

I, the undersigned, hereby certify that I am a (*please circle one*): board certified psychiatrist / board eligible psychiatrist / resident in psychiatry / physician designated by the Commissioner of the Department of Health as qualified to complete Physician's Certificate. I further state that I am duly licensed to practice medicine in the State of Vermont and I have made careful examination of the mental condition of:

\_\_\_\_\_ of \_\_\_\_\_  
(NAME) (ADDRESS)

in the County of \_\_\_\_\_, State of Vermont, and that I am of the opinion that he/she is a mentally ill person in need of treatment. The following information concerning the proposed patient and his or her family is submitted:

DATE OF BIRTH: \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_ SEX: \_\_\_\_\_

MARITAL STATUS (*circle one*): Single / Married / Domestic Partner / Divorced / Separated / Widowed / Unknown

NAME AND ADDRESS OF SPOUSE/PARTNER (*if any*): \_\_\_\_\_

Can the patient speak and understand English? \_\_\_\_\_ If not, what language? \_\_\_\_\_

NAME OF FATHER: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
(*If deceased, so state*)

MAIDEN NAME OF MOTHER: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
(*If deceased, so state*)

CONTINUED ON REVERSE SIDE

**SECTION I**  
(Continued)

1. The following data (A-D) is not required but should be provided if appropriate and available.

(A) Alien Registration No: \_\_\_\_\_ (B) V.A. Claim No: \_\_\_\_\_

(C) Medicare No: \_\_\_\_\_ (D) Medicaid No: \_\_\_\_\_

2. How long have you known the patient? \_\_\_\_\_

3. Does the patient have any serious physical illness? \_\_\_\_\_ If so, describe: \_\_\_\_\_

\_\_\_\_\_

4. Has the patient been physically injured in the recent past? \_\_\_\_\_ If so, when, how and to what extent:

\_\_\_\_\_

5. List current medications and any drug sensitivities \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. Full name and address of guardian, if any, nearest relative or friend \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Relationship to/interest in patient \_\_\_\_\_

\_\_\_\_\_

**SECTION II**  
**PHYSICIAN'S CERTIFICATE**  
**FOR PATIENT ADMITTED ON WARRANT FOR IMMEDIATE EXAM**

In my opinion this patient \_\_\_\_\_ is (A) not only mentally ill, but  
(NAME)

(B) poses a danger of harm to him/herself or others, and (C) should immediately be admitted to a designated hospital for an emergency examination. I believe the patient meets all three of the above criteria and base this opinion on the facts outlined below. (**NOTE:** For each of these three criteria, it is required that the physician identify separately facts observed by him or her and those reliably reported to him or her by others. In each case the source must be identified.)

7. What facts have been observed by yourself and/or reliably reported to you which lead you to believe that the patient is mentally ill? What did the patient say? What did the patient do?

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Tentative Diagnosis \_\_\_\_\_  
\_\_\_\_\_

8. What facts have been observed by yourself and/or reliably reported to you which lead you to believe that as a result of the mental illness the patient poses a danger of harm to him/herself or others? What did the patient say or do? To whom specifically and in what way is the patient a danger?

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CONTINUED ON REVERSE SIDE

9. It is the obligation of the certifying physician to consider available alternative forms of care and treatment for the person's needs, without requiring hospitalization. List all steps taken in exploring alternative forms of care and treatment. (NOTE: Discussing available alternatives with a representative of an authorized screening agency may assist the physician in complying with this requirement. Screeners can be contacted twenty-four hours a day. For a current listing of the designated screening agents, call the Admissions Office at the Vermont State Hospital, telephone number (802) 241-3054).

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10. What medications or treatments were administered prior to transporting the patient to the hospital for an emergency examination?

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Time administered \_\_\_\_\_ AM \_\_\_\_\_ PM

11. Name of person in the hospital Admissions Office (802) 241-3054) you have spoken to.

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Signed under the penalties of perjury  
pursuant to 18 V.S.A. Section 7612(e)(1)

\_\_\_\_\_  
Date of Examination

\_\_\_\_\_  
Signature of Physician

\_\_\_\_\_  
Time of Examination

\_\_\_\_\_  
Please Print or Type Physician's Name

\_\_\_\_\_  
Physician's Address

\_\_\_\_\_  
Physician's Telephone Number

**PHYSICIAN'S NOTE:** The Application Form and Sections I and II of the Physician's Certificate must accompany the patient to the hospital for an emergency examination. When these forms are completed, the patient may be transported to the hospital.

I hereby waive any right I have to receive a copy of the notice of hearing from the Court pursuant to 18 V.S.A. §7613. I understand that despite this waiver I may be called to testify at a hearing involving the above named proposed patient.

\_\_\_\_\_  
Signature

## SECTION 3: NON-EMERGENCY APPLICATION FOR INVOLUNTARY TREATMENT (AIT)

(Title 18 V.S.A., Section 7612 - 7617)

**Criteria** (All conditions must be met):

1. Presence of mental illness (developmental disability is **NOT** the primary diagnosis).
2. Danger to self or others (does not need to meet 'imminent' criteria; history of de-compensation is an important factor to consider).
3. Absence of less restrictive alternatives.

**Process:**

- + A Commissioner-Designated Qualified Mental Health Professional (QMHP) or *interested party* (18 V.S.A. § 7101), and psychiatrist determine through face-to-face evaluation, that the individual meets all above criteria and is deemed by statute to be *a person in need of treatment* (Title 18 V.S.A., § 7101).
- + QMHP (or interested party) and psychiatrist are applicants.
- + If the individual refuses to submit to an examination by a psychiatrist, include a statement to that effect in the AIT.
- + AIT is filed in Family Court.

*Note regarding interested party for purposes of a non-emergency application: A guardian, spouse, parent, adult child, close adult relative, a responsible adult friend or person who has the individual in his charge or care. It also means a mental health professional, a law enforcement officer, a licensed physician, a head of a hospital, a selectman, a town service officer or a town health officer (Title 18 V.S.A., § 7101 (9)).*

A non-emergency AIT is not an instrument used to obtain acute care for an individual. It may be filed on an individual who is an outpatient and is gradually de-compensating in order to pursue inpatient treatment, but disposition can take from 30-90 days in Family Court. It may also be filed on an individual who is an inpatient, has signed a conditional voluntary form on admission, and is giving notice to leave the hospital.

**Documentation** for a Non-Emergency Application for Involuntary Treatment (AIT) serves several functions:

- The law requires it,
- It provides the foundation for the case,
- It identifies potential witnesses, and
- It initiates a court hearing.

The **Applicant** completes the following: (applicant here does not need to be QMHP)

Form No.MH-10B & C     Application Form to Commence Proceedings for the Involuntary Treatment of an Individual

The **Psychiatrist** completes the following:

Form No. MH-11 & 11A     Section I, Physician's Certificate – All Cases

Form No. MH-11B & C     Section III, Physician's Certificate – Non- Emergency

### **Documentation Distribution For Non-Emergency AIT**

- Original AIT paperwork is filed with the Family court by applicant.
- Copy of AIT paperwork is faxed to Vermont Department of Health-DMH legal division by applicant.
- Copy of AIT paperwork is faxed to VSH admissions office by applicant.
- Copy of AIT paperwork is retained for DA records.

### **Documentation Guidelines:**

7. Be specific
8. Use quotes
9. Cite sources (specify names of witnesses)
10. Describe direct observations and provide supporting observations (an example: “*Mr X appeared psychotic as evidenced by...*”)
11. Write legibly and sign form
12. Use sequential narration and include:
  - Brief demographic information (age, gender, race) and current treatment provider(s) (Note whether individual is connected with a community mental health center)
  - History of mental illness (diagnosis, recent hospitalizations)
  - Referral source requesting psychiatric screening and rationale (cite name, use quotes)
  - Cite location and time of interview
  - Clinical presentation at the time of the interview (mental status exam, risk assessment, substance abuse, medical complications)
  - Relevant psychosocial history
  - Assessment
  - Less restrictive options considered and why ruled out
  - Recommendation and justification for recommendation
  - Disposition (ties to EE criteria being met in absence of less restrictive alternatives and final plan)

**TO COMMENCE PROCEEDINGS FOR THE  
INVOLUNTARY TREATMENT OF AN INDIVIDUAL  
NON EMERGENCY**

To the Family Court comes \_\_\_\_\_  
(please print full name of applicant)

of \_\_\_\_\_  
(please print complete address of applicant)

Telephone Number \_\_\_\_\_

Relationship to or interest in proposed patient\* \_\_\_\_\_

and makes application for the involuntary treatment of \_\_\_\_\_  
(please print full name of proposed person in need of treatment)

of \_\_\_\_\_  
(please print complete address of proposed person in need of treatment)

**\*NOTE:** Only the following persons may make application for an individual's involuntary treatment: a guardian, spouse, parent, adult child, close adult relative, a responsible adult friend or person who has the individual in his or her charge or care (e.g. a superintendent of a correctional facility), a law enforcement officer, a licensed physician (**Caution:** same physician cannot be both applicant and certifying physician), a head of a hospital or his or her written designee, a selectman, a town health officer or a town service officer, or a mental health professional (i.e., a physician, psychologist, social worker, nurse or other qualified person designated by the Commissioner of the Department of Health).

**REASON FOR APPLICATION:**

(State the facts which you have gathered either from your own personal observations or as reliably reported to you by another person which lead you to believe that the proposed patient is in need of involuntary treatment.) **BE SPECIFIC!**

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.

**(CONTINUE ON REVERSE SIDE)**



Signed under the penalties of perjury  
pursuant to 18 V.S.A. Section 7612(d)(2)

Signature of Applicant

Signature of Applicant

32

SECTION I  
PHYSICIAN'S CERTIFICATE  
NON-EMERGENCY

NOTE TO PHYSICIAN: Complete Sections I and II of the Physician's Certificate. If you feel that the patient represents an immediate danger of harm to himself or others if allowed to remain at liberty and therefore requires **IMMEDIATE** admission to a hospital for an emergency examination use the form entitled "Application for Emergency Examination" form MH-11.

I, the undersigned, hereby certify that I am a physician duly licensed to practice medicine in the State of Vermont and that I have made careful examination of the mental condition of

\_\_\_\_\_ of \_\_\_\_\_  
(NAME) (ADDRESS)  
in the County of \_\_\_\_\_, State of Vermont, and that I am of the opinion that **he/she** is a mentally ill person in need of treatment. The following information concerning the proposed patient and **his/her** family is submitted:

DATE OF BIRTH \_\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_ SEX: \_\_\_\_\_

MARITAL STATUS---Single, Married, Domestic Partner, Divorced, Separated, Widowed, Unknown (Circle One)

NAME AND ADDRESS OF SPOUSE, If any \_\_\_\_\_  
\_\_\_\_\_

Can the patient speak and understand English? \_\_\_\_\_ If not, what language? \_\_\_\_\_

NAME OF FATHER: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
(If deceased, so state \_\_\_\_\_)

MAIDEN NAME OF MOTHER: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
(If deceased, so state \_\_\_\_\_)

1. The following data (A-D) is not required but should be provided if appropriate and available.

(A) Alien Registration No: \_\_\_\_\_ (B) V.A. Claim No: \_\_\_\_\_

(C) Medicare No: \_\_\_\_\_ (D) Medicaid No: \_\_\_\_\_

2. How long have you known the patient? \_\_\_\_\_

3. Does the patient have any serious physical illness? \_\_\_\_\_ If so, describe \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Has the patient been physically injured in the recent past? \_\_\_\_\_ If so, when, how and to what extent \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(CONTINUED ON REVERSE SIDE)

5. List current medications and any drug sensitivities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Full name and address of guardian, if any, nearest relative or friend: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Relationship to/interest in patient: \_\_\_\_\_  
\_\_\_\_\_

SECTION II  
PHYSICIAN'S CERTIFICATE  
NON-EMERGENCY

I have examined the patient \_\_\_\_\_ within five (5) days of the date the petition is filed. In  
(NAME)

my opinion this patient is mentally ill and as a result of that mental illness, poses a danger of harm to him/herself or others. It is my further opinion that this patient needs treatment for his/her mental condition. I base this opinion on the following facts (please print or type). I understand that these statements are made under penalty of perjury pursuant to 18 V.S.A. Section 7612(e)(1).

7. Facts observed by yourself (How did the patient look? What did the patient say? What did he do?) \_\_\_\_\_

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.

8. Facts reliably reported to you and sources of these facts \_\_\_\_\_

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.

**(CONTINUED ON REVERSE SIDE)**

9. Pursuant to Vermont Statute, 18 V.S.A. Section 7612(f), it is the obligation of the certifying physician to consider available alternative forms of care and treatment for the person's needs, without requiring hospitalization. Please list all steps taken in exploring alternative forms for care and treatment. (Note: Discussions of the alternatives available to the patient with a representative of an authorized screening agency designated by the Commissioner of the Department of Health will assist the physician in complying with this requirement. These screening agents can be contacted on a twenty-four hour-a-day basis. For a current listing of the designated screening agents, call the Admissions Office at the Vermont State Hospital, telephone number 802-241-3054)

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Signed under the penalties of perjury  
pursuant to 18 V.S.A. Section 7612(e)(1)

\_\_\_\_\_  
Date of Examination

\_\_\_\_\_  
Signature of Physician

\_\_\_\_\_  
Time of Examination

\_\_\_\_\_  
Please Print or Type Physician's Name

\_\_\_\_\_  
Physician's Address

\_\_\_\_\_  
Physician's Telephone Number

**PHYSICIAN'S NOTE:** The Application Form, Sections I and II of the Physician's Certificate are sent directly to the local family court.

**I hereby waive any right I have to receive a copy of the notice of hearing from the Court pursuant to 18 V.S.A. §7613. I understand that despite this waiver I may be called to testify at a hearing involving the above named proposed patient.**

\_\_\_\_\_  
**Signature**

## SECTION 4: COURT-ORDERED INPATIENT FORENSIC EVALUATION (13 V.S.A. § 4815)

The **purpose** of a forensic evaluation is to determine whether a person charged with a crime is competent to stand trial and/or whether he or she was sane at the time of the alleged offense. The Designated Agency (DA) Qualified Mental Health Professional (QMHP) is the 'mental health professional' designated by the Commissioner of the Department of Health to complete the mental health screening.

A request for a defendant to be evaluated is usually made to the court by the State's Attorney or the defense attorney. The judge may make the request, too. The law requires that a mental health screening of the defendant be completed by a qualified mental health professional while the defendant is still at the court, before the Court orders the evaluation. (If the screening cannot be completed within two hours from the defendant's appearance before the court, the court may forego consideration of the screener's recommendations.)

The **roles** of the DA QMHP are:

1. To evaluate the defendant to determine if he/she is a 'person in need of treatment' (18 V.S.A. § 7101).
2. To recommend to the court whether the defendant should be ordered to undergo a forensic evaluation for competency and sanity.
3. To recommend the least restrictive setting in which the evaluation should be done (i.e., outpatient or inpatient).
4. If inpatient setting is court-ordered, facilitate accessing a specific inpatient site.

The DA QMHP should **keep in mind** the following:

- + The court and the parties review the DA QMHP's recommendations and consider the facts and circumstances surrounding the charge, and observations of the defendant in court. In accordance with the recent changes to the statutes, the Court shall not order an inpatient examination unless the DA QMHP determines that the defendant is a 'person in need of treatment'.
- + If the DA QMHP determines that the defendant is a 'person in need of treatment', the court may order an inpatient examination upon the recommendation of the QMHP, and place the defendant in the custody and care of the Commissioner of the Department of Health for no more than 30 days from the date of the order. The Commissioner, via the DA QMHP, has the authority to determine the most clinically appropriate designated hospital for the examination.

**Who** can perform a court-ordered screening?

Only DA QMHPs who are designated by the Commissioner of the Department of Health can screen defendants, determine if a defendant is a 'person in need of treatment', and in which designated hospital the forensic examination will occur.

**Criteria** for recommendation for inpatient forensic examination:

- A) Defendant meets 'person in need of treatment' criteria; and
- B) A designated hospital (includes VSH) is the least restrictive setting in which the examination may appropriately be conducted.

**Process** for recommendation for inpatient forensic examination:

- DA QMHP evaluates individual, completes court screening form and, when requested, provides verbal testimony to the court.

- DA QMHP contacts a designated hospital and, if admission is refused, contacts VSH for admission.
- For all admissions, the DA QMHP contacts the VSH admissions office to advise of the outcome of screening, recommendation provided and court ordered disposition. Further, the DA QMHP faxes a copy of the screening form to VSH which gets forwarded to the Legal Division at the Department of Health.
- For court-ordered outpatient evaluations, the court rather than the DA QMHP contacts the Vermont Department of Health-DMH legal division to arrange a forensic evaluation.
- All inpatient and outpatient court-ordered forensic examinations for competency and/or sanity are arranged through the Legal Division of the Department of Health.

**Documentation** for court ordered inpatient forensic evaluation:

Court Screening Form

**Documentation Distribution:**

- Original Court Screening Form is provided to the court.
- Copy of Court Screening Form is retained for DA records.
- Copy of Court Screening Form is faxed to VSH admissions office if disposition is inpatient evaluation.

**Documentation Guidelines:**

1. Describe direct observations and provide supporting observations (an example: “*Mr X appeared psychotic as evidenced by...*”)
2. Write legibly and sign form
3. **Remarks** (include the following when known):
  - Brief demographic information (age, gender, race) and current treatment provider(s) (Note whether individual is connected with a community mental health center)
  - History of mental illness (diagnosis, recent hospitalizations)
  - Reason for referral for psychiatric screening
  - Cite location and time of interview
  - Clinical presentation at the time of the interview (mental status exam, risk assessment, substance abuse, medical complications)
  - Relevant psychosocial history
  - Assessment
4. **Recommendation:**
  - Whether the defendant is a ‘person in need of treatment’ by statute definition
  - Whether the defendant should be ordered to undergo a forensic evaluation for competency and sanity
  - The least restrictive setting in which the evaluation should be done (inpatient or outpatient)
  - If inpatient setting is court-ordered, facilitate accessing a specific inpatient site
5. **Actual Outcome:**  
Court disposition, indicate judge’s ruling and any rationale provided

09/06/06

## **COURT-ORDERED INPATIENT FORENSIC EVALUATION PROTOCOL FOR DA QMHP**

The **purpose** of a forensic evaluation is to determine whether a person charged with a crime is competent to stand trial and/or whether he or she was sane at the time of the alleged offense. The Designated Agency (DA) Qualified Mental Health Professional (QMHP) is the 'mental health professional' designated by the Commissioner of the Department of Health to complete the mental health screening.

A request for a defendant to be evaluated is usually made to the court by the State's Attorney or the defense attorney. The judge may make the request, too. The law requires that a mental health screening of the defendant be completed by a qualified mental health professional while the defendant is still at the court, before the Court orders the evaluation. (If the screening cannot be completed within two hours from the defendant's appearance before the court, the court may forego consideration of the screener's recommendations.)

The **roles** of the DA QMHP are:

5. To evaluate the defendant to determine if he/she is a 'person in need of treatment'.
6. To recommend to the court whether the defendant should be ordered to undergo a forensic evaluation for competency and sanity.
7. To recommend the least restrictive setting in which the evaluation should be done (i.e., outpatient or inpatient).
8. If inpatient setting is court-ordered, facilitate accessing a specific inpatient site.

The DA QMHP should **keep in mind** the following:

- + The court and the parties review the DA QMHP's recommendations and consider the facts and circumstances surrounding the charge, and observations of the defendant in court. In accordance with the recent changes to the statutes, the Court shall not order an inpatient examination unless the DA QMHP determines that the defendant is a 'person in need of treatment'.
- + If the DA QMHP determines that the defendant is a 'person in need of treatment', the court may order an inpatient examination upon the recommendation of the QMHP, and place the defendant in the custody and care of the Commissioner of the Department of Health for no more than 30 days from the date of the order. The Commissioner, via the DA QMHP, has the authority to determine the most clinically appropriate designated hospital for the examination.

**Who** can perform a court-ordered screening?

Only DA QMHPs who are designated by the Commissioner of the Department of Health can screen defendants and determine if a defendant is a 'person in need of treatment'.

**Criteria** for recommendation for inpatient forensic examination:

- A) Defendant meets 'person in need of treatment' criteria; and
- B) A designated hospital (includes VSH) is the least restrictive setting in which the examination may appropriately be conducted.

**Process** for recommendation for inpatient forensic examination:

- DA QMHP evaluates individual, completes court screening form and, when requested, provides verbal testimony to the court.
- DA QMHP contacts a designated hospital and, if admission is refused, contacts VSH for admission.
- For all admissions, the DA QMHP contacts the VSH admissions office to advise of the outcome of screening, recommendation provided and court ordered disposition. Further, the DA QMHP faxes



a copy of the screening form to VSH which gets forwarded to the Legal Division at Vermont Department of Health.

- For court-ordered outpatient evaluations, the court rather than the DA QMHP contacts the Vermont Department of Health-DMH legal division to arrange a forensic evaluation.
- All inpatient and outpatient court-ordered forensic examinations for competency and/or sanity are arranged through the Legal Division of the Vermont Department of Health.
- Transportation is arranged by the court and provided by the Sheriff's Department.

**Documentation** for court ordered inpatient forensic evaluation:  
Court Screening Form

**Tips** for reporting screening for inpatient forensic evaluation:

1. Be specific.
2. Describe direct observations.
3. Use sequential narration.
4. Provide supporting observations (an example: "*Mr X appeared psychotic as evidenced by...*").
5. Determine, if possible, if individual is connected with a DA.
6. Specify if substance abuse is involved.
7. Use quotes.
8. Cite sources (specify names of witnesses).
9. Cite location and time of interview.
10. Write legibly and sign form.
11. Form should include:
  - a. referral source,
  - b. clinical presentation at time of interview,
  - c. screener's recommendation,
  - d. justification for recommendation, and
  - e. determination of place of forensic examination if inpatient.

**Documentation Distribution:**

- Original Court Screening Form is provided to the court
- Copy is retained for DA records
- Copy is faxed to VSH admissions office if disposition is inpatient evaluation

**Reference Materials:**

*Title 18 V.S.A., § 7101 (Definition of "A person in need of treatment")*

*Title 13 V.S.A., § 4815 (Place of examination; temporary commitment)*

## COURT SCREENING FORM

Date: \_\_\_\_\_ Court/Site: \_\_\_\_\_

Evaluation requested by: \_\_\_\_\_

Client/Defendant Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Charge(s): \_\_\_\_\_

Remarks: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

QMHP's Recommendation: \_\_\_\_\_

Actual Outcome: \_\_\_\_\_

QMHP's name: \_\_\_\_\_ Agency: \_\_\_\_\_

☞ VSH Admission staff notified: \_\_\_\_\_

(tel: 241-3054)

(fax: 241-3001)

☞ VSH Legal Dept notified: \_\_\_\_\_

(tel: 657-4309 – Christine or 657-4310 – Main Legal Line)

(fax: 657-4322)

☞ Agency Case Manager notified: \_\_\_\_\_

10/14/05

## **SECTION 5: REVOCATION OF ORDER OF NON-HOSPITALIZATION (ONH)**

**(18 V.S.A., Section 7618)**

The **purpose** of an ONH revocation is to obtain judicial relief in circumstances in which the ONH is no longer sufficient to meet the individual's needs in the community and serious psychiatric de-compensation is likely to occur.

The **goal** of an ONH revocation is to: increase voluntary compliance with the ONH, amend the conditions in the ONH, or achieve an avenue to involuntary psychiatric hospitalization.

### **Criteria**

1. Active and valid ONH status.
2. Either A: Noncompliance with treatment is such that court intervention is required; or  
B: Treatment in the community is no longer adequate or appropriate and hospitalization is required.

### **Process**

- Qualified applicants are mental health treatment providers either affiliated with a DA or acting with their authorization, **OR** acting with the authorization of the Commissioner of Vermont Department of Health.
- Vermont Department of Health Legal Division is contacted.
- Applicant sends **notarized** affidavit to Vermont Department of Health Legal Division.
- Vermont Department of Health Legal Division files for revocation.
- Vermont Department of Health Legal Division files for revocation in the Family court in the county of the individual's residence.
- Vermont Department of Health Legal Division works with applicant to prepare for hearing.
- Vermont Department of Health Legal Division informs applicant of court date.
- Vermont Department of Health Legal Division notifies VSH of court hearing and possibility of admission.

### **Documentation for Revocation of Order of Non-hospitalization (ONH)**

Petitioner prepares a notarized written statement citing relevant historical information and current clinical presentation, describes specific areas of noncompliance with the current Order of Non-hospitalization and reasons why less restrictive interventions have not been successful or appropriate. No specific form is used.

### **Documentation Distribution for Order of Non-hospitalization (ONH)**

- Original affidavit mailed to Vermont Department of Health Legal Division.
- Copy faxed to Vermont Department of Health Legal Division.
- Copy retained for DA records.

## APPENDIX A

### PROCEDURES FOR INVOLUNTARY PSYCHIATRIC EVALUATIONS AND HOSPITALIZATIONS FOR MINORS UNDER AGE 18 (18 V.S.A. §7503)

#### Criteria

All conditions must be met:

1. Presence of mental illness (developmental delay is **NOT** the primary diagnosis).
2. Danger to self or others.
3. Absence of less restrictive alternatives.

#### Process

- Face-to-face evaluation of the individual to determine if he/she meets all of the above criteria and is deemed by statute to be a *person in need of treatment* (18 V.S.A., § 7101).
- A Commissioner-Designated Qualified Mental Health Professional (QMHP) **or** *interested party*\* and psychiatrist complete application for Emergency Exam.
- Vermont State Hospital (VSH) Admissions Office is contacted for consultation and notification.
- Retreat Healthcare admission referral is completed.
- Transportation is arranged if indicated (Sheriff's department, other law enforcement agency, or ambulance when appropriate).
- Vermont State Hospital (VSH) is contacted to advise of the final disposition.
- If the person is from a different catchment area than the applicant's, VSH is further advised of the name of the screener consulted from the catchment area in which the person currently receives psychiatric treatment or currently resides.

*Interested party*: For the purpose of an emergency exam, contractual agreement between the Division of Mental Health and the Designated hospitals mandates all involuntary psychiatric admissions be screened by a Commissioner-Designated Qualified Mental Health Professional (QMHP).

#### Quick Facts

It is the policy of Vermont Department of Health-DMH that:

- The Retreat Healthcare is the only hospital in Vermont that can accept involuntary psychiatric admissions of minors (under the age of 18).
- A child does not need to be in Department of Children and Families (DCF) custody to be involuntarily hospitalized, nor does a child need to be in custody if the parent does not agree with the initiation of the involuntary process.
- If a child is in custody of DCF, then DCF acts as the parent for these purposes and should be treated as such. If the circumstances warrant parental contact, then the DCF caseworker should be notified.
- **Any minor** not agreeing to be voluntarily admitted to a hospital must then meet involuntary criteria in order to be admitted (Title 18 V.S.A., § 7503).

## APPENDIX B ASSESSING NEEDS

### OLDER ADULTS

By convention, “older adults” references adults over the age of 65. Please bear in mind this is not a homogenous population.

The emergency evaluation of the older adult with cognitive impairment, problem behaviors and diminished capacity can be especially challenging. This section reviews some commonly encountered dilemmas and addresses some of the most commonly asked questions about them.

*Can a person who has a primary diagnosis of dementia be admitted on an emergency exam?*

**YES.** The only diagnosis of exclusion in the statute is primary mental retardation. But bear in mind that the statute addresses persons “in need of *treatment*.” Involuntary hospitalization should NOT be used as a substitute for *placement* in a supervised setting, such as a nursing home or residential care facility.

To the extent the symptoms associated with the dementia may be amenable to treatment, involuntary hospitalization MAY be necessary and appropriate. Remember: All criteria must be met. That is, the person must:

- 1) have a mental illness (in this situation, a likely diagnosis will be DSM IV 293.xx “*Psychotic Disorder due to...e.g., vascular dementia with delusions*” or DSM IV 290.xx “*Dementia with Delusions and behavioral disturbance*”);
- 2) present an immediate danger to self or others (in this situation it is INSUFFICIENT to state that the person’s degree of cognitive impairment is such that s/he is LIKELY to become a danger; rather, there must be some evidence to show that the impairment poses an immediate risk [e.g., the individual is walking in the road oblivious to traffic and when redirected, protests and insists on remaining in the road]); and
- 3) there are no less restrictive means. Remember, *it is the obligation of the QMHP and certifying physician to consider available alternative forms of care and treatment for the person’s needs, without requiring hospitalization*. In MOST instances, there will be more appropriate, preferable and less restrictive alternatives to involuntary hospitalization. These would include mobilizing family and community resources such as the local Area Agency on Aging, Visiting Nurses Association, Home Health, etc. or referral to adult day programs, residential care or other long term care setting.

*Oftentimes, older adults with dementia are referred from long-term care settings such as nursing homes because of behavioral disturbances. Is an “EE” warranted in this situation if the facility feels it can no longer protect the patient or other residents?*

**MAYBE.** Again remember, all criteria must be met and there must be some reasonable expectation of the individual being *treated*. In MOST instances, the preferred setting for treatment of behavioral disturbances is in the setting in which they occur.

*What if a person doesn't really meet all the criteria but I think he/she should be in the hospital. Can't I just find him/her incompetent and get an emergency temporary guardian to sign him/her in to the hospital?*

**NO.** First of all, remember that only a judge can find someone incompetent. The physician may find a person LACKS CAPACITY but this is not the same as incompetence. Capacity refers to an individual's ability TO DO something (like give informed consent for hospitalization) and an assessment for capacity should address a specific question.

*What about someone who has already been adjudicated to be incompetent? Can a legally appointed guardian commit someone involuntarily to a psychiatric unit?*

**NO.** Even a person who has been adjudicated to be incompetent is entitled to the same process and safeguards regarding involuntary hospitalization under Title 18 (the involuntary hospitalization statute).

*What is pseudodementia? Is it an appropriate diagnosis for involuntary hospitalization?*

**YES. Pseudodementia** refers to the clinical picture of major depression presenting as an irreversible dementia such as Alzheimer's Disease. This term is falling into disuse; the preferred terminology is "dementia secondary to depression" and is the most common and treatable kind of reversible dementia. If an individual meets all criteria for an emergency evaluation, s/he should be hospitalized (with a diagnosis of depression).

*Can a person who has a primary diagnosis of delirium be admitted on an emergency exam?*

**NO.** Delirium is a medical emergency and the primary intervention is to identify and treat the underlying medical cause. In general, a person with delirium may be best served by admission to a medical unit in a general hospital.

*Older adults with dementia often appear to have both delirium and dementia. Is it possible to diagnose delirium in a patient with dementia so that the correct intervention can be made?*

**YES**, but it may not be easy. This is a commonly occurring diagnostic conundrum, but well worth solving. Remember, dementia is one of the risk factors for developing a delirium. One useful tool for assessing delirium is the CAM (The Confusion Assessment Method, developed by Sharon K. Inouye and her colleagues at Yale; see page 25). The key features of delirium are acute onset and fluctuating course, inattention, disorganized thinking and altered level of consciousness. Note: disorientation and inappropriate behavior are NOT useful diagnostically.

## COMPARATIVE FEATURES OF DELIRIUM AND DEMENTIA

	<u>DELIRIUM</u>	VS.	<u>DEMENTIA</u>
<b>ONSET</b>	Develops abruptly		Develops slowly, insidiously
<b>DURATION</b>	Brief, hours to days*		Chronic, months to years
<b>ATTENTION</b>	Impaired		Normal, except severe cases
<b>CONSCIOUSNESS</b>	Fluctuating, Reduced		Clear
<b>SPEECH</b>	Incoherent, disorganized		Ordered, anomic/aphasic

\* Duration in older adults may be prolonged – from weeks to months

## CONFUSION ASSESSMENT METHOD (CAM)

### (1) **ACUTE ONSET AND FLUCTUATING COURSE**

Is there evidence of an acute change in mental status from the patient's baseline?

-AND-

Did this behavior fluctuate during the past day, that is, tend to come and go or increase and decrease in severity?

### (2) **INATTENTION**

Does the patient have difficulty focusing attention, for example being easily distractible, or have difficulty keeping track of what is being said?

### (3) **DISORGANIZED THINKING**

Is the patient's speech disorganized or incoherent, such as rambling or irrelevant conversation, unclear or illogical flow of ideas, or unpredictable switching from subject to subject?

### (4) **ALTERED LEVEL OF CONSCIOUSNESS**

Overall, how would you rate this patient's level of consciousness?

- ☐ Alert (normal)
- ☐ Vigilant (hyper alert)
- ☐ Lethargic (drowsy, easily aroused)
- ☐ Stupor (difficult to arouse)
- ☐ Coma (unarousable)

The diagnosis of delirium requires a present/abnormal rating for criteria (1), (2), and (3) or (4).

NOTE: Disorientation and memory impairment may be present with both.

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Inouye SK. Delirium in hospitalized elderly patients: Recognition, evaluation and management. Connecticut Medicine. 1993; 57:309-315.

Inouye SK. The dilemma of delirium: Clinical and research controversies regarding delirium in hospitalized elderly medical patients. Amer J Med. 1994; 97:278-288.



## COMPETENCY VERSUS CAPACITY

**COMPETENCY** (legal term) and **CAPACITY** (clinical aspect; ability to do something)

### I. Primary Elements of COMPETENCY

- A. awareness of environment
- B. ability to process information
- C. ability to make decisions
- D. ability to exercise adequate judgment.

### II. Types of COMPETENCY

#### A. **General** Competency, *the capacity to care for self and property, based on:*

- a. not being an immediate danger to self or others
- b. ability to acquire a minimum amount of money for self-sufficiency
- c. employment, eligibility for welfare or other entitlement benefits
- d. ability to arrange for food, housing, other basic needs
- e. ability to maintain adequate hygiene
- f. ability to manage medical needs
- g. ability to handle an emergency
- h. recognition of an emergency situation, knows how to get help
- i. ability to exercise adequate judgment
- j. motivation to pursue daily life

#### B. **Medical** Competency, *the capacity to consent to treatment, based on understanding:*

- a. the medical condition requiring treatment
- b. the nature of the proposed therapy
- c. the likely risks and benefits of proposed treatment
- d. available alternative therapies and associated risks and benefits
- e. ramifications of lack of treatment if refused
- f. necessity that a decision be made

#### C. **Financial** Competency, *the capacity to manage funds, acquire and dispose of property, to enter into financially binding agreements. Requires an understanding of:*

- a. need for money
- b. how to obtain money
- c. how much money he/she has; reasonable understanding of available resources
- d. where money is located and how to access those funds
- e. the intrinsic value of various items

*and basic skills to:*

- a. understand the value and concept of money
- b. ability to judge expenses accurately, budget and track finances
- c. ability to manage cash, write checks, balance a checkbook
- d. ability to protect oneself in the financial marketplace
- e. necessity of spending money

#### D. **Parental** Competency, *the capacity to care for one's children, based on:*

- a. ability to provide for physical needs
- b. ability to provide for medical needs
- c. ability to provide educational needs

- d. ability to provide discipline
- e. ability to interact appropriately

**E. Competency to stand trial, the ability to participate in legal proceedings and one's own defense, based on:**

- a. sufficient present ability to consult with legal representation with a reasonable degree of rational understanding, and
- b. ability to have a rational and factual understanding of proceedings against him/her

*The court determines competency to stand trial after receiving a report from a forensic psychiatrist.*

### III. Determining Capacity to Consent to Medical Treatment

Legal standard: *An individual should be able to:*

- A. Appreciate the current situation
  - a. Assume an ability to state what this means for him/her now and in the future
  - b. Include acknowledging an illness, appreciating risks/benefits of treatment or refusing treatment
- B. Manipulate information rationally
  - a. Assume an ability to weigh the odds to make a decision
- C. Communicate a choice
  - a. Assume the ability to maintain and communicate stable choices
  - b. Understand relevant information
  - c. Assume an ability to comprehend fundamental meaning and repeat it back

### IV. Making an Accurate Determination

- A. Complete a mental status exam; include a Folstein (MMSE)<sup>1</sup> or other objective tool if a challenge is expected
- B. Present adequate information in a readily understandable manner:
  - a. the medical condition requiring treatment
  - b. the nature of the proposed therapy
  - c. the likely risks and benefits of proposed treatment
  - d. available alternative therapies and associated risks and benefits
  - e. ramification of treatment if refused
  - f. necessity that a decision be made
- C. Assist every person to perform at his or her best
- D. Conduct more than one examination

### V. Determining General Competency

- A. Describe the nature and degree of the disability, and the level of intellectual, developmental and social functioning
- B. Make recommendations, with supporting data, regarding aspects of personal care and financial affairs which:
  - a. he/she can manage without supervision or assistance
  - b. he/she could manage with supervision or assistance
  - c. he/she is unable to manage, and:

<sup>1</sup> Folstein, M., Folstein, S., & McHugh, P. (1975). Mini-mental state: A practical method for grading the cognitive state of patients for the clinician. *J. Psychiat. Res.*, 12, 189-198.

- d. powers and duties which may be given to the guardian:
  - 1. power to exercise general supervision
  - 2. power to approve or withhold approval of any contract
  - 3. power to approve or withhold approval to sell property
  - 4. power to exercise general supervision over income and resources
  - 5. power to consent to surgery or other medical procedures
  - 6. power to receive payments, sue for, and recover debts
  - 7. duty to aid in receipt of benefits and services

<p style="text-align: center;"><b>APPENDIX C</b> <b>TRANSPORT GUIDELINES</b> <i>(18 V.S.A. Chapter 179 § 7511)</i></p>
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**TRANSPORT OF INDIVIDUALS ON INVOLUNTARY STATUS**

**Policy**

Pursuant to 18 V.S.A. §7511, secure transport and escort shall be done in a manner which prevents physical and psychological trauma, respects the privacy of the individual, and represents the least restrictive means necessary for the safety of the patient. Transport of an individual on involuntary status must be reasonable, appropriate, and consistent with public safety. Secure transport should only be used when an individual poses a risk of harm to self or others and no less restrictive alternative is appropriate.

**Documentation**

If a Qualified Mental Health Professional (QMHP) is writing an application for emergency examination (EE) for an individual, the QMHP must also complete the "Transportation Information Checklist" and attach it to the EE paperwork. The Transportation Information Checklist is a guide to lead the Commissioner-Designated professional in discussion with the psychiatric/medical team working with the individual in decision-making regarding mode of transport. The Commissioner-Designated professional is responsible for faxing the form to DMH Acute Care (802-652-2005) within 24 hours (or first working day). All transports of patients on involuntary status, regardless of mode of transport, require that this checklist be completed, signed and faxed to DMH.

**Modes of transport**

Pursuant to 18 V.S.A. §7511, while safety is paramount, transport decisions must consider least restrictive to most restrictive modes of transport and document the individual's behavior(s) that guide the decision. Factors in decision-making related to modes of transport are contained in the "Transport Information Checklist". QMHP's will be knowledgeable about transport options in their catchment areas and how to access them.

**Transport decisions**

For purposes of transport decisions, Vermont Department of Health Commissioner-Designated professionals are defined as:

- Commissioner-Designated Qualified Mental Health Professionals (QMHP), or
- Designated Hospital (DH) professional staff (i.e. physicians, nurses, social workers, psychologists, clinical mental health counselors), and

These professionals will be familiar with transport options and will finalize and document the decision, in consultation with others involved who can provide additional information specific to mode of transport.

**TRANSPORT INFORMATION CHECKLIST  
FOR PERSONS ON INVOLUNTARY STATUS**

Name of individual transported \_\_\_\_\_ Age \_\_\_\_\_  
Designated Agency \_\_\_\_\_ Name(s) of staff/team \_\_\_\_\_  
Transported from: \_\_\_\_\_ Transported to: \_\_\_\_\_

*Pursuant to 18 V.S.A. §7511, secure transport and escort shall be done in a manner which prevents physical and psychological trauma, respects the privacy of the individual, and represents the least restrictive means necessary for the safety of the patient. Secure transport shall only be used when an individual poses a risk of harm to self or others and no less restrictive alternative is appropriate, as demonstrated by the following:*

**Elements to be Considered for Mode of Transport**

***Recently Reported and/or Currently Observed Behaviors:***

- ☐ Verbal abuse or threats to harm self or others
- ☐ Destruction of property
- ☐ Self-harming gestures
- ☐ Self-harming gestures with voiced intent to continue to self-harm
- ☐ Voiced intent to engage in suicidal behavior
- ☐ Suicide attempt made
- ☐ Violent episode, identifiable triggers
- ☐ Violent episode \_\_\_\_\_ unpredictable \_\_\_\_\_ impulsive \_\_\_\_\_ planned
- ☐ Violent singular episode, no previous history of violence
- ☐ Violent episodes w/history over \_\_\_\_\_ period of time
- ☐ Use, possession or attempted possession of weapon (if yes, search prior to transport)
- ☐ Dangerous behavior in vehicle and/or threat to leave a moving vehicle
- ☐ Agitated and out of control

***Considerations in Determining Mode of Transportation:***

(Recommend: Observation period prior to transportation decision may be used but should never delay transport. Individual and/or family preference will be considered and accommodated, if possible, for mode of transport.)

- ☐ Individual maintained escalation in behavior
- ☐ Individual exhibited inconsistency in ability to control behavior
- ☐ Individual lacks insight into dangerous behavior
- ☐ Individual was able to be approached with options regarding transport and was amenable to less restrictive means of transport
- ☐ Individual is known to DA

**Mode of Transport Used**

- ☐ Secure transport: Uniformed sheriff's services (deleted restraint type)
- ☐ Ambulance: ☐ with or ☐ without mental health transport specialist
- ☐ Other transport: with mental health transport support specialist and/or parent/parent surrogate if child

**Justification for Mode of Transport Used (describe below):**

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Signature of Qualified Mental Health Professional/Designated Professional \_\_\_\_\_ Date and Time of Transport \_\_\_\_\_

- Provide this form to: 1) Transporter or mental health transport specialist, and  
2) DMH, Acute Care Program (fax 802-652-2005)

(Rev. 07/27/06)

## **APPENDIX D**

### **SUBSTANCE ABUSE**

(33 V.S.A.)

#### **Alcohol Services Act Process**

The Alcohol Services Act provides the legal context and authority for a person incapacitated\* by substances, in the absence of less restrictive alternatives, to be placed in protective custody by law enforcement and detained once evaluated by medical personnel or alcohol counselor until the incapacitated person is sober. If blood alcohol level is unobtainable, and there is no other known etiology for the individual's current presentation, subjective criteria may be used (for example, obvious smell, impairment of gross motor functioning, and speech may combine to make compelling evidence that the individual meets the criteria for incapacitation under the law).

#### **Process:**

- Determine that the individual meets legal definition of incapacitation.
- Make a recommendation to law enforcement that further evaluation is needed.
- Law enforcement can take protective custody and transport to facility where the individual will be evaluated by an alcohol screener and medical personnel.
- A person can be detained for up to 24 hours and released in custody of a significant other or released on his or her own recognizance once sober.

#### **Recommendation:**

It is advisable that preparations be made for follow-up screening of intoxicated individuals who were taken into protective custody and detained, especially if there is a question of mental illness or risk of suicide or violence toward others.

\*The difference between an intoxicated person and an incapacitated person is a matter of degree. Intoxication is a condition which is evidenced by substantial impairment in mental or physical function such as reasoning, making decisions, speaking, walking, or seeing and hearing. Incapacitation is a condition which is reached when the intoxicated person's characteristics represent a threat to the safety of the individual and/or those around him

## APPENDIX E

### VERMONT RESOURCE GUIDE

#### Adult Designated Hospitals



##### **CENTRAL VERMONT MEDICAL CENTER**

PO Box 547  
103 Fisher Road  
Barre, Vermont 05641

(802) 371-4100 Fax (802) 371-4488

##### **FLETCHER ALLEN HEALTH CARE**

111 Colchester Avenue  
Burlington, Vermont 05401

(802) 847-0000 Fax (802) 847-3345

##### **RUTLAND REGIONAL MEDICAL CENTER**

160 Allen Street  
Rutland, Vermont 05701

(802) 775-7111 Fax (802) 775-7214

##### **WINDHAM CENTER**

18 Old Terrace  
Bellows Falls, Vermont 05101

(802) 463-3903 Fax (802) 463-1290

##### **RETREAT HEALTHCARE**

(formerly known as Brattleboro Retreat)  
PO Box 803, Anna Marsh Lane  
Brattleboro, Vermont 05302

1-800-345-5550  
(802) 257-7785 Fax (802) 258-3791

##### **VERMONT STATE HOSPITAL**

103 South Main Street  
Waterbury, Vermont 05671-2501  
Admissions Office

(802) 241-1000 Fax (802) 241-3001

## Psychiatric Hospitals and Crisis Beds For Children and Adolescents



### Hospitals:

#### **RETREAT HEALTHCARE \***

Anna Marsh Lane  
PO Box 803  
Brattleboro, Vermont 05301

(802) 257-7785  
1-800-738-7328  
(1-800-RETREAT)  
Fax (802) 258-3796

#### **CHAMPLAIN VALLEY PHYSICIANS HOSPITAL (CVPH)**

Plattsburgh, New York

(518) 562-7536

#### **CHESHIRE MEDICAL CENTER**

Keene, New Hampshire

(603) 352-4111

*\* Only the Retreat Healthcare can accept **involuntary** child and adolescent admissions from Vermont*

### Hospital Diversion/Emergency Beds:

#### **THE BAIRD CENTER**

1110 Pine Street  
Burlington, Vermont 05401

(802) 863-1326

#### **NORTHEASTERN FAMILY INSTITUTE**

Winooski, Vermont 05404

(802) 655-8833

#### **WCMH – HOME INTERVENTION**

Barre, Vermont 05641

(802) 479-1339

09/06/06



## MENTAL HEALTH 24 HOUR EMERGENCY SERVICES



Clara Martin Center ( <b>Orange</b> County)	(800) 639-6360
Counseling Services of Addison County ( <b>Addison</b> County)	(802) 388-7641
Health Care and Rehabilitation Services of Southeast VT ( <b>Windham</b> and <b>Windsor</b> Counties)	(800) 622-4235
Howard Center for Human Services (adults) First Call – Baird Center (children and adolescents) ( <b>Chittenden</b> County)	(802) 863-2400 (802) 864-7777
Lamoille County Mental Health Services ( <b>Lamoille</b> County)	(802) 888-4914 (802) 888-4231
Northeast Kingdom Mental Health Service ( <b>Essex</b> , <b>Caledonia</b> and <b>Orleans</b> Counties)	(802) 748-3181 (802) 334-6744
Northwestern Counseling and Support Services ( <b>Franklin</b> and <b>Grand Isle</b> Counties)	(802) 524-6554
Rutland Mental Health Services ( <b>Rutland</b> County)	(802) 775-1000
United Counseling Services ( <b>Bennington</b> County)	(802) 362-3950 (802) 442-5491
Washington County Mental Health Services ( <b>Washington</b> County)	(802) 229-0591

# Map of Vermont Designated Agency Catchment Areas

